

## FORMAL REQUEST TO REPEAT A GRADE

PARENTS: You must submit this form to your child's school either in person or via the email address the school provides for this specific purpose. If you send via email, ensure you receive confirmation that this form was received.

Student Name:	
	Student DOB:
School District Name:	
School Name:	
Date:	
Grade Student Completed in	n 2020-2021 School Year:
Dear Administrator,	
This letter serves as a forma (insert grade you are seeking	l request for my child, listed above, to repeat grade g for your child to repeat).
Thank you.	
Signed,	
Parent Signature:	
Parent Name:	
Parent Home Phone Numbe	er:
Parent Cell Phone Number: _	
Parent Email:	